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# Harvard Medical Alumni Bulletin

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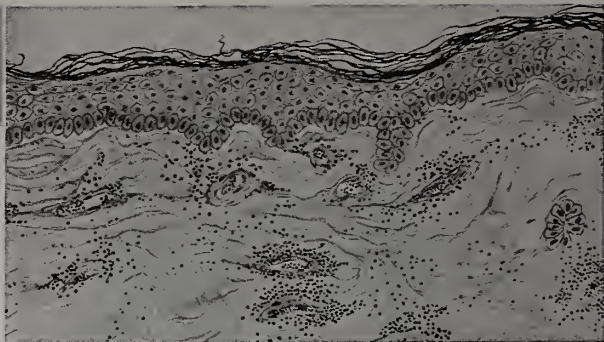
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J. A. M. A., 130:570, Mar. 2, 1946.*

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## Medical School Notes



CHARLES W. GREENOUGH

### *BUSINESS MANAGER*

Perhaps the outstanding change within the school in recent years has been the establishment by the University of the position of Business Manager for the Medical Area. This includes not only the Medical School but the Schools of Public Health and Dental Medicine. The function will be to assist the deans in budget preparation and in handling business arrangements, matters which must have irked deans for many years.

The first appointee is Charles W. Greenough who has had considerable experience along budget and business lines, since his preceding position was that of Budget Commissioner for the Commonwealth of Massachusetts under Governors Saltonstall, Tobin and Bradford. Earlier he had managed the business affairs of the State's mental hospitals and prior to that he had considerable experience in banking.

### *ALAN MORITZ*

With the resignation of Alan Moritz to take effect September 1, 1949, the School faces a great loss. Dr. Moritz came to Harvard in 1937 to head the new Department of Legal Medicine and there are few who are unaware of what he has been able to accomplish since then. It is remarkable to think that in twelve years, graduates of his Department are now leaders in forensic medicine.

Not only has he held the professorial chair, but concurrently he has been Visiting Lecturer at Tufts, Boston University, and Yale, Pathologist to the Department of Public Safety of Massachusetts, Associate Medical Examiner of Suffolk County and the Pathologist in Chief at the Peter Bent Brigham Hospital. In addition he has held many important posts associated with governmental research programs.

His publications are numerous and many of their titles would delight the 'Baker Street Irregulars'; "A new method for the Examination of Markings on Bullet, Shell Cases and Breech Faces," "Changes in the Magnesium and Chloride Content of the Blood following Drowning in Fresh and Sea Water," and "Medico-Legal Examination of Hair."

Dr. Moritz is returning to Cleveland where he received most of his post graduate training, to be Professor of Pathology and Director of the Institute of Pathology at Western Reserve University. Richard Ford has been appointed Acting Head of the Department of Legal Medicine.

### *STAIR WELLS*

In order to conform to the Fire Laws of the State of Massachusetts, the School is currently spending \$166,000 to enclose the stair wells of all buildings with fire screens. Although there has been some concern as regards appearance, the result up to now is aesthetically pleasing and gives a modern touch.

## *Henry Asbury Christian Award*

On February 17 Dr. Christian was seventy-three years old. His birthday was celebrated in the Faculty room by a tea party and the annual award of the prize which bears his name.

The Faculty Room well lends itself to occasions of this sort. The members of the Harvard Chapter of Alpha Omega Alpha and a few other third and fourth year students met a number of the Faculty who had assembled there. Unfortunately, Dr. Christian could not be present to do the honors; Dr. Burwell made the necessary introductory remarks and Dr. Samuel Levine gave the award and presented the recipient with a book.

It is an interesting prize consisting of a hundred dollars and it is given each year to a student in the Fourth Year Class who has displayed notable scholarship in his studies and offers promise for the future.

This year it went to Mr. Adolf L.

Gundersen, one of the Gundersen clan of Wisconsin, a doctor's son and a member of a family with a strong tendency to go far in medicine. He is a graduate of Harvard College where he combined scholarship—Phi Beta Kappa—with other more earthy interests. As a medical student he has continued consistently to prove an able scholar. He ranks high in his class, is a member of Alpha Omega and is well thought of by his teachers and colleagues. He will intern in surgery at the Massachusetts General Hospital.

When the simple ceremony of awarding the prize was ended everyone sat around the large table and talked together. The students had a chance to see what their teachers were like as human beings and the teachers realized anew what an attractive mixture of young people is to be found in the School. It was a pleasant Birthday Party, happily observed.



ADOLF L. GUNDERSEN, DEAN BURWELL AND DR. LEVINE

# Harvard Medical Society Meeting

## JANUARY MEETING

On the evening of January 11, 1949, the Harvard Medical Society met in Building D Amphitheatre to hear a symposium on neuropathological problems. Dr. Raymond D. Adams acted as chairman for the meeting.

Dr. D. Denny-Brown presented the first paper on "*The Correlation Between Morphological and Functional Disorders in the Motor Nerve Cells in Poliomyelitis.*" The work was done in collaboration with Dr. Joseph M. Foley. Dr. Denny-Brown described a characteristic sequence of changes in the electromyogram of monkeys infected with the polio virus. A regular discharge of 7-50 per second occurs during contraction in a motor unit of a normal voluntary muscle. Very early in polio, there appear bursts of high frequency in high threshold units. In recovery, doubling and tripling of discharges in these units persists long after return of *Nissl* bodies in the anterior horn cells to normal appearance. This appears to indicate the excitability of the nerve cell is the first function to be damaged and the last to recover in polio. On the basis of evidence accumulated in these experiments, Dr. Denny-Brown concluded that the occurrence of spasticity in polio represents a disturbance in the excitability of the anterior horn cells themselves rather than release from higher inhibitory centers.

"*An Encephalomyelitic Virus of Mice Causing Demyelinating Lesions of the Central Nervous System*" by Drs. F. Sargent Cheever, O. T. Bailey, and A. M. Pappenheimer was the second paper of the meeting. Dr. Cheever described the isolation of the virus and Dr. Bailey reported on the pathology of the resultant disease. The JHM virus is so called because Dr. Mueller first called attention to the disease caused by the organism in the mouse colony of the Bacteriology Department. The virus has been transmitted in a variety of ways including intracerebral, intramuscular and intraperitoneal in-

jections. Thus far all attempts to grow the organism in eggs or tissue culture have failed. The virulence of the virus has increased and the incubation period decreased during 40 or more mouse passages. The essential features of the pathological sequence produced as described by Dr. Bailey included: a) a "slit" lesion of the hippocampus involving necrosis of nerve cells and ependyma with associated meningitis, chromatolysis, only slight perivascular cuffing, and giant cell formation, (no inclusion bodies were seen) and b) demyelinating lesions of the cord, cortex and brain stem. Fat stains did not reveal droplets in these focal lesions. The nerve fibers were intact. Peripheral nerve was never involved.

Dr. Pappenheimer pointed out the unique character of this pathological picture, so distinct from other virus infections of the central nervous system.

Dr. Charles S. Kubik presented the final paper of the evening on "*The Pathological Findings in Carbon Monoxide Poisoning.*" A striking feature was degeneration of the subcortical white matter with considerably less degeneration of the cortex, though nerve cells of the cortex were also damaged and sometimes destroyed. Destruction of the Purkinje cells of the cerebellum and foci of degeneration in the globus pallidus were also important findings. Certain differences between the pathological changes of carbon monoxide poisoning and those in asphyxia occurring during nitrous oxide anesthesia were discussed by Dr. Kubik.

## FEBRUARY MEETING

The Harvard Medical Society met in D Amphitheatre on February 8, 1949 at 8 P.M. The program for the evening was presented by members of the staff of the Beth Israel Hospital. Dr. Herriman L. Blumgart presided as chairman for the evening.

The first paper was read by Dr. Fritz Schweinburg on *Transmural Migration of*



*Intestinal Bacteria into the Peritoneal Cavity.* Dr. Schweinburg became interested in this phenomenon in attempting to discover the source of the organisms causing peritonitis during peritoneal lavage. *E. Coli* was found consistently as the offending organism. This organism was never found on the skin of patients undergoing peritoneal lavage or near the sump drain. Furthermore, blood cultures were invariably sterile. (These facts suggested the intestinal origin of the peritonitis.) Nephrectomized dogs treated with peritoneal lavage regularly developed positive cultures for *E. Coli* after the fifth day. Similar dogs treated previously with sulfaphthalidine and streptomycin did not develop infection after twelve days of the procedure. It was suggested that reduction in the gastrointestinal bacterial content explained this phenomenon.

Dr. Sidney Cohen spoke next on *The Effect of Polyvinyl Alcohol of the Growth of the Diphtheria Bacillus*. He presented evidence to show that polyvinyl alcohol could fulfill the protein requirement for growth of a small inoculum of the *K. L. bacillus*. He suggested that both protein and polyvinyl alcohol promoted bacterial growth by the absorption of inhibitor substances in the media.

*Some New Methods for the Histochemical Identification of Enzymes* were described by Dr. Arnold M. Seligman. He presented work done in collaboration with Dr. Marvin Nachlas. He mentioned studies described at a previous Harvard Medical Society meeting on the detection of tissue phosphatase. By employing an organic phosphate split by phosphatase, the enzyme could be localized by coupling of the reaction product with a suitable diazonium salt to form a characteristic dye. Dr. Seligman then described some new work on the identification of other enzymes. For example, an organic molecule made water soluble by the presence of a sulfate group was precipitated in the tissues by the action of the sulfatase. The molecule was then identified by coupling with a diazonium compound. The application of

such principles to the detection of certain esterases was also described.

The work of Drs. Benjamin Alexander, Greta Landwehr, and Robert Goldstein on the *Purification, Physiological and Biochemical Properties of Prothrombin Conversion Accelerator in Serum* (SPCA) was described by Dr. Alexander. This substance is a protein present in normal serum and somewhat similar chemically to prothrombin. Indeed, it was suggested that prothrombin may be the precursor of SPCA. This protein acts to accelerate the conversion of prothrombin to thrombin in normal or hemophiliac plasma. Apparently, a labile plasma factor is necessary for the activity of serum prothrombin conversion accelerator.

*The Biological Effects of Radioactive Iodine (I131) on the Normal Thyroid and other Tissues in Man* were described by Dr. A. Stone Freedburg. He presented work done in collaboration with Drs. George Kurland, Alvin Ureles, and Saul Hertz. They showed that the thyroid uptake following a single dose of I131 represents 40% of the total body uptake. These data were gathered from autopsies on patients given the drug shortly before death. Dr. Freedburg also discussed the use of I131 in the production of therapeutic myxedema in patients suffering from heart disease.

### MARCH MEETING

The March meeting of the Harvard Medical Society convened in Building D Amphitheater on the evening of March 8. Reports on recent research work done at the Peter Bent Brigham Hospital comprise the program. Dr. George Thorn was chairman for the evening.

The first paper of the evening was read by Dr. Edward S. Buckley, Jr. He described work done in collaboration with Marvin J. Powell and John G. Gibson, II on *The Use of Fraction I for Separation of Erythrocytes and Leucocytes from Whole Blood*. Dr. Buckley showed that the sedimentation rate of blood cells depends on a) the concentration of Fraction I (fibrin-

ogen), which appears to act by promoting rouleaux formation, b) the cell concentration, c) the temperature, and d) the type of cells. Since erythrocytes, granulocytes, and lymphocytes settle at different rates, it is possible to separate the different types of cells by proper sedimentation techniques.

Drs. Joseph M. Miller, Cutting B. Favour, Barbour A. Wilson, and Merle A. Umbarger presented the second paper of the meeting on *A Plasma Factor Related to Tuberculin-Type Allergy*. Dr. Miller read the paper. He presented evidence to show that the white cells of tuberculous patients produce a plasma factor which is capable of lysing normal white cells in the presence of OT.

Dr. David Hume read the third paper on *The Role of the Hypothalamus in the Adrenal Cortical Response to Stress*. The work was done with Drs. Peter H. Farsham and George Wittenstein. By using remarkably precise surgical technique, Dr. Hume was able to destroy the paraventricular nuclei, and their afferent tracts in the hypothalamus of dogs. Such dogs did not respond to injections of epinephrine or other stressing agents with a fall in eosinophil count. On the basis of this evidence and the fact that injections of anterior hypothalamic extracts restored the normal adrenal response to epinephrine as measured by eosinophil lysis, Dr. Hume concluded that the paraventricular nuclei react to epinephrine or other stressing agents by secreting a hormone which causes the anterior pituitary gland to release adrenocorticotrophic hormone.

Some studies on *Pulmonary Hypertension* were described by Dr. Lewis Dexter. He presented work done in collaboration with Drs. Eugene Eppinger, James Whittenberger, Florence W. Haynes, Harper Hellems, James Dow, Benjamin Ferris and Walter Goodale. Dr. Dexter showed that the calculated pulmonary arterial resistance was markedly elevated in cases of chronic pulmonary disease, Eisenmenger's complex, mitral stenosis and "left-sided" heart failure. Only in the latter two

disorders was the pulmonary capillary pressure elevated. The cause of this apparent pulmonary arteriolar constriction remains obscure.

Dr. William B. Schwartz, Jr. next discussed *The Effect of Sulfanilamide on Salt and Water Retention in Congestive Heart Failure*. He presented convincing evidence to show that the administration of 4-6 gms. of sulfanilamide to patients with congestive heart failure caused increased urinary excretion of sodium and water. He postulated that the drug acted by poisoning-carbonic anhydrase present in the renal tubules. This enzyme is thought by Pitts to be necessary for the secretion of hydrogen ions into the urine by the renal distal tubular cells. Dr. Schwartz suggested that reduction of hydrogen ion secretion concomitantly reduced reabsorption of sodium ion by the distal tubules. He pointed out, however, that the effect of sulfanilamide could not be explained quantitatively by this theory.

The sixth paper of the evening was read by Dr. Leslie Corsa. He described studies on *The Measurement of the Exchangeable Potassium by Isotope Dilution* done in collaboration with Drs. Richard Steenburg, Margaret Ball and Francis D. Moore. He pointed out that the daily turnover of potassium by the human body represents 3% of the total body content. By an isotopic dilution technique, they were able to show that the total exchangeable K was 47.5 mEq./kg. in the normal male and somewhat less in normal females and debilitated patients.

Dr. John Merrill reported on *The Use of the Artificial Kidney*. The work was done with (Drs.) Edmund J. Callahan, III and George W. Thorn. Dr. Merrill stated that the artificial kidney is an efficient and safe method for the removal of diffusible substances from the blood of human patients. It is of proven clinical value in the treatment of acute uremia. Studies on a few patients indicate that the instrument may also be of therapeutic worth in certain abnormalities of electrolyte metabolism.

# *The Shortage of Nurses*

## *Reminiscences of Alfred Worcester '83*

Few now living can have had experience in neighbor nursing before there was a single trained nurse in New England. And still fewer must there be who since then have kept in touch with the development of trained nursing.

The first school for it in this country was established in 1872 at the New England Hospital for Women and Children in Roxbury, Mass. As one of the few who have had such experience, I feel almost obligated to leave permanent record of what I know about the evolution of trained nursing in this country, and of what I believe to be the cause of its present insufficiency.

In the spring of 1867, just before I was twelve years old, I was sent as a night watcher to care for a schoolmate supposed to be convalescing from typhoid fever. I had no chance to use my mother's parting advice, "If sleepiness nearly overwhelms you, go out of doors for twenty long breaths of fresh air." For that night the sick boy had a bad time of it, for his night clothes and the bedding had had to be changed, washed and dried by the kitchen stove many times. The next morning when I told my mother of my valor, she bade me take a bath and breakfast, go to school and "forget what any boy worth his salt might expect as a night watcher."

Such an experience as this was of course a very unusual introduction to neighbor nursing. Although men were generally sent as night watchers to the care of sick men, and boys to sick boys, just as girls to girls, the art of nursing was taught in a sort of apprenticeship. Very naturally in such neighborly service some individuals became outstanding. I have always been thankful that in my early medical practice I had full opportunity to witness their superb usefulness. But as I have already tried to describe them in my "Nurses

and Nursing," I need now only to record my belief that the nursing I first knew was vastly better than is now available in the great majority of New England homes.

The era of Neighbor-nursing was followed by that of the "Experienced nurses." The main difference between the two classes was that the former's voluntary service was generally as night-watchers, thus relieving the worn-out family for the hardships of the coming day, whereas the experienced or professional nurses more often helped the family to carry the load by sharing not only the needed bedside service but also the heavier housework caused by sickness. They thus became valued members of many families where their visits often seemed, at least to the children, mysteriously timed. As an intermediate class between neighbor nurses who were never paid and their successors, the graduates of training schools who have union wages, these more or less "experienced nurses" became indispensable both to the public and to the doctors and to the great majority of families that needed nurses during the past half century. My own estimate of their great usefulness is based upon abundant experience both in general practice and in my own family. It is in my belief the only form of nursing which can now be expanded and improved to meet the present and growing need of more nurses. We must follow the experience of older countries in this matter.

Before describing the great movement of training schools for nurses that was made possible with the enormous increase of hospitals, I must ask my readers to go back with me to Kaiserswerth on the Rhine, where Pastor Fliedner started the modern profession of nursing, and where about a century ago Florence Nightingale was one of his pupils. He was gone long before my visit there nearly fifty years ago, but they showed me their most fa-



mous pupil's room and an old Deaconess nurse who remembered Miss Nightingale, who later was evidently not displeased when I told her of my search for the source of her nursing knowledge. It would, however, be a great mistake to assume that it came exclusively from Flidner's Protestant Deaconesses. Their offshoots were not destined to survive outside of Germany; and in following Miss Nightingale's trail, before she became internationally famous in the Crimea, one must visit the Roman Catholic nursing institutions. Never could I have written my lectures on "The Care of the Dying and the Dead" had I not studied the work of the Soeurs Augustines at Paris as well as that of the German Feier Abend Haus.

The main distinction of oldtime nursing in New England is that here, as well as in Europe, the art of nursing was a calling—not a profession—and founded upon a religious basis. And just as the art of practice has so largely been lost, in the marvelous scientific advance of the medical profession, so has it become secondary in nursing. This retrogression was never true to Miss Nightingale's influence which was supreme in the establishment of New England training schools. To her nursing was neither a trade nor a profession; it was a calling. As an illustration of this, at the close of a long interview as I rose to leave she bade me wait until she had asked "God's blessing of 'our work.'"

It is a great temptation to tell here what I have been told of Miss Nightingale's work in the Scutari hospital by those who were witnesses of it. That in her first day's service she succeeded in removing the corpses from under the beds, where they had been thrown to make room for new occupants; and that finally she rid the wards of the voracious rats, must suffice. As the story of her Crimean Service became known, soon followed by her establishment of the first English training school for nurses, she became famous throughout the World and her *Notes on Nursing* found its way into many of our New England homes.

Strange it is that more than a decade elapsed before any direct movement began in this country towards training schools for nurses. Curiously as it seems to me now, I can remember the start of Dr. Susan Dimock's School at Roxbury in the early seventies. One of my sisters had been her patient and now wanted to join Dr. Dimock's first class; but my mother refused consent, believing as she did that only widows and old maids should enter such a school. After Dr. Dimock's failure to convince my mother when we were in the old wagon on our way to her train, she listened kindly to my boyish sympathy and to my confidences that I was bound to be a doctor and would devote my very best to the cause she was so eloquently advocating. She was one of Miss Nightingale's favorites who came to start our training schools, the first to succeed and the first to die. One of her early pupil nurses, Linda Richards, who became my life long friend, was the first superintendent of the training schools in the large Boston hospitals, and also of those in many other cities. When the Emperor of Japan asked Miss Nightingale to send to him a nurse to inaugurate training schools for his empire, she recommended Linda Richards. On one of her many visits in our home I persuaded her to write her autobiography. That she could do more easily than most people for she was a vivid letter writer, but never used capitals or punctuation marks. I already had a large pile of her letters and she promised to write more in answer to any questions. Moreover, we had in our home one of Weir Mitchell's convalescents, a highly educated lady who needed only an interesting job. She gladly became Miss Richard's editor. Her success can be measured by what was said at Linda Richard's Memorial Meeting in Boston, by one of the high officials of the National Association of Nurses, who said of Miss Richards: "Not the least of her achievements was her remarkable command of the English language, as is manifest in her autobiography."



Great as was Miss Nightingale's influence upon the new order of nurses in this country, its original spirit failed to endure. The inspiration received by the Nightingale School at St. Thomas' Hospital could not survive transplanting. As the science of medical practice grew and the art waned, so nursing became less of a calling and more of a profession. This change was well recognized and deplored by Miss Nightingale, but her disappointment over this trend in the hospital-owned schools only strengthened her interest and leadership in other lines of nursing. Therefore, we must go back with her to Queen Victoria's decision to devote the Golden Jubilee Fund given to her by the women of Great Britain to the supplying of adequate nursing to families able to pay little or nothing for it. The committee appointed by Queen Victoria to give the wanted advice was probably the ablest that ever studied the problem. They recognized the fact that Queen Eleanor, the wife of King Stephen, had given a large amount of money for the supply of nurses for the sick poor in the Tower section of London. The name of this foundation was that of Saint Katherine's by the Docks. Curious as it now seems this fund was still intact—not within memory had there been any use of it for the care of the sick. Its income had been given as pensions to former servants of the Royal family who were living in luxury in buildings designed for nurses' homes.

This institution under its original name of St. Katherine's By the Docks was rescued for its original purpose, and made the Central home of the new order of the Queen's Jubilee Nurses.

No intelligible story of nursing progress during the past ninety years can avoid a division of the subject into three very different eras preceding the establishment of training schools. Perhaps the history of one woman, whose nursing career I well knew, will illustrate these changes in New England nursing. When Mary K. Green was only twelve years old, her mother died and she was left as the head of her

large family on an up country farm. Separation became inevitable, since places must be found where the older children could earn at least their living. Mary came to a Waltham farmer's family where she was paid a shilling a week. After a few years she found with my great-grandmother much easier work and more pay. Here her nursing career began. My great-grandfather was in his dotage, needing almost constant care. This care Mary could give between household jobs. The children of this family were all married and living in the Boston area. Their children were coming in swarms. After her old patient died Mary found plenty of work in caring for the babies, among them my own father. She was not yet a nurse, but only a family helper. I remember well when I was "the plague of her life." And I also remember when Mary became "Miss Green, an experienced nurse." It was when my younger sister was born. As I was later told my mother had lost the experienced nurse she had when her older children came, and for the one now coming had persuaded Mary Green to undertake the nursing care of herself and her baby, promising to tell her just what to do for them. That was the first baby Mary ever saw born, as it was the first brand new baby I ever saw, and yet when that baby had her first child I was her doctor and Miss Green was the nurse. Before this entrance into the ranks of experienced nurses she had been for many years a neighbor nurse, serving as a volunteer night-watcher between her hard working days.

Her services were vastly efficient not only for her patients but also for the household. And her fame spread far and wide. Even in her old age her services were in great demand. She loved her patients and was by them beloved.

Enough has been said about both neighbor nursing and experienced nurses to show how badly off for helpers both doctors and their patients were in the eighteen-eighties, when we few now in our nineties began our practice. It was now for me sixteen years since I had been con-

vinced by Susan Dimock that when I became a doctor I must help in the training of nurses.

It was only in my last year in the Medical School that I first met Miss Linda Richards. She then was the Superintendent of the Boston City Hospital nurses, having with Dr. Cowles started the training school there. She was so far ahead of all other American nurses that she never needed to bother with temporary opponents. At the hospital luncheon she sat at the head of the table. I was there by her invitation, which Dr. H. A. Wood, then an intern, had asked for me. Well, hospital nurses' schools had been rising. Why then should I put up with the rudeness and impudence of the nurses in the Lying-in Hospital, even if there still were three months before my graduation from the Harvard Medical School? Why should not I, although by chance the only House Officer, start a training school at the Lying-in Hospital? The Matron, Mrs. Higgins, was a fine example of the experienced nurse, and in control of the half dozen nurses. She would back me up in my order that on the first day of the following month the nursing there would be done by pupil nurses, and that all nurses now in our service would be if they so chose members of the school. This was received by them in ominous silence.

The birth of the school was stormy. All threatened to leave. None left. To my first order for written reports, came their acceptance but with the request for written orders henceforth. Thus began in Boston the present custom of written reports among their graduates in outside service. But some will ask how the contest ended. By a dinner the nurses gave me on my last evening!

Except for the avalanche of new training schools there could not have been such an increase in the number of hospitals, in proportion to the growth of population, as the past half century has seen. Conversely, of course, the increase of hospitals has made necessary the increase of training schools. When the schools sent out

their pupils for private service as a part of their training course, there would be less need of hospitals and a great relief to families having only restricted means. But, best of all, nurses gave excellent service to my private patients. In exceptional cases we also had graduate nurses from other Boston hospitals. But in the early eighties we were in a worse plight than now, for as yet there were no hospital beds available for ordinary sickness.

For the preceding fifteen years I had been gathering stray bits of information about nursing schools, and I lost no time in interesting my new associates, first at a County Medical Society meeting, and then in 1885 when at a meeting of the local Medical Club I succeeded in persuading my colleagues and several of our women friends to join in starting a training school for nurses. In answer to a newspaper advertisement of a meeting of all who might be interested in entering such a school, about a dozen women came. I did my best to rouse their interest and fortunately I persuaded them to give me their addresses, for when none came to an adjourned meeting I began personal calls in which I succeeded in persuading six of them to enter the school on trial. Homes were secured for them where they could earn their living by housework. Each week-day they were to assemble for a lecture by the doctors or for classes on housework by our women associates. Very soon the pupils were serving as neighbor nurses and living in the school's headquarters, under our first superintendent, Miss Hackett, a highly educated person and a superbly trained nurse.

Although the Waltham Training School is now in what we hope is only a temporary state of suspended animation, I am the only survivor of its founders, and I ought to tell the story of its great service to this community. Not only were its pupil nurses able to satisfy all the family nursing needs of the city and surrounding towns, but they also enabled the school to start the General Hospital, the Baby Hospital, the District Visiting Service and

carry on these institutions until separate organizations could be formed for their management.

All went well with us until the graduates of the Hospital Schools obtained the political and legislative control of nursing education. In fewest words, the issue upon which the Waltham School was beaten is "shall 211 nurses, any part of whose nursing education has been given outside of hospitals, or by unregistered nursing teachers, be not allowed even to take examinations for registration?" Such legislation made it criminal for any person to practice nursing in the State without the approval of the Board of Registration. This would not be given if the applicant came from a school any of whose teachers lacked the R.N., or if its curriculum included any nursing outside the hospital walls. Such legislation made the diploma of the Waltham School worthless, regardless of honors won by its holders, even with the National Order of Merit which has lately been given to one of them, who has held firmly to the value of her Waltham diploma. This loyalty to the Waltham School has been shown by all the alumni, excepting an insignificant few who considered it to their personal advantage to repudiate their Alma Mater.

Although the Waltham Training School was started without any hospital, it soon had one of its own which after many years became entirely separate from the school and finally established a Training School of its own in accordance with the National Association of Training Schools owned by their hospitals.

But the greater and more unique distinction won by the graduates of the school had come from their service in the homes of their patients. It was this that brought to me, as a founder of the school, many

invitations to tell its story widely in this country and in Canada. It was this also that brought against the school and against me personally the hostility of the National (hospital trained) American Nurses. This was already threatening when I was offered a professorship in the University of Chicago, which would include the Directorate of the Nursing School of the Presbyterian Hospital and also of its affiliated Visiting Nurses Association. While considering this very tempting offer, a still more attractive offer came from President Eliot of a Harvard Medical School professorship which would include the directorship of a School of Nursing that he and President LeFavour of Simmons College were hoping to establish with a large endowment that had been promised for such purpose. When I told Mr. Eliot of the hostility of the hospital nurses he said, "Neither you nor the Waltham School need have the least fear of their hostility." Other obstacles, which were to wreck the enterprise before its start, were not foreseen. Yet Harvard lost her chance to be the first American university to make a school of nursing one of its integral departments. That distinction was left for Yale.

The first of these obstacles came from the opposition of the Medical School Faculty to the title of the proposed professorship. I wanted it to be "The Care of Patients." The President agreed to my choice, but the Faculty, holding it to be a reflection on their courses, firmly opposed. And yet, a few years afterwards, they accepted an offer of an annual lectureship so entitled. The second and far more serious obstacle came from the failure of the promised endowment. This of course was a fatal blow.

(To be concluded in June issue)



# *Retirement, A Problem of the Ageing*

EDWARD J. VAN LIERE '20

"I have thought of retiring, and have talked of it to a friend; but I find my vocation is rather to active life." *Samuel Johnson*

One of the vexing problems of old age is that of retirement. There are some fortunate individuals who look forward to the day when they can lay routine duties aside and enjoy the fruits of their labors. I believe these are in the minority. Men of affairs and of achievement are loathe to give up their busy lives and become inactive members of society. The inimitable Boswell in his last essay in *THE HYPOCHONDRIAK* (No. LXX) has written meaningfully in this regard:

"There is a pleasure, when one is indolent, to think that a task, to the performance of which one has been again and again subjected, and had some difficulty to make it out, is no longer to be required. But this pleasure, or rather comfort, does not last. For we soon feel a degree of uneasy languor, not merely in being without a stated exercise, but in being void of the usual consciousness of its regular returns, by which the mind has been agreeably braced."

Since the thought of retirement is distasteful to so many, it seems proper at this juncture to raise a question. Should positions which require great responsibility be held by really old men?

I believe that at the Harvard Medical School surgeons are expected to retire when they reach the age of sixty-three. Not many of us, who have passed the age of fifty like to think that one is old at sixty-three. When it is considered, however, that many surgical operations require, not only great technical skill, but physical endurance as well, a compulsory retirement age of sixty-three does not seem unreasonable.

Let us consider our law makers. In every Congress there are always a number of men well advanced in years. Indeed, it has been said with some justification that for the main part we live under laws made by old men. Doubtless some of these aged law-makers are able, experienced and wise and are giving and have given distinguished and unselfish service to our

country. It is not uncharitable, however, to mention that some, owing to the immutable laws of nature have passed their mental prime. These individuals should, of course, give way to younger and more vigorous men.

We will now turn to the college teacher and college administrator. It is generally known that most colleges and universities throughout the land make retirement compulsory at some definite age. To be sure, in many instances this was waived during World War II, but institutions are again enforcing their retirement rule.

It is true that any institution which enforces a retirement age occasionally loses prematurely the services of a valuable man. The point has been made that Harvey Cushing, Moseley Professor of Surgery at Harvard and Milton J. Rosenau of the Department of Hygiene of the Harvard Medical School, were retired when each of these men still had much to contribute. Indeed they moved on to other campuses and doubtless made their presence felt there. These are, of course, exceptional instances. Some men have the spirit of youth until death takes them, while others are virtually born old.

Insofar as retirement in universities and colleges is concerned, a compulsory retirement age is doubtless a salutary thing. Although an occasional professor or administrator may be as good a man at seventy as he was at forty-five, surely the average individual is not. Unless great caution were exercised, ten unfit old men would be kept on the staff merely for the sake of keeping one man who is apparently fit. How can the president of a university or the dean of a college openly discriminate between an oldster who is unfit and one who is fit? God save the mark! It cannot be done without raising a storm of protest. The only solution to the matter is to set some arbitrary compulsory retirement age (not too low) and abide by it. Over a period of years, if this be done, an institution will gain infinitely more than

it will lose. Perhaps too much emphasis has been laid on the college teacher and administrator, but much of what has been said applies to other walks of life.

The sad truth is that most individuals do not know, or at any rate will not admit, that their mental powers are waning. Boswell in *THE HYPOCHONDRIAK* (No. LXX) expresses this thought succinctly:

"To retire in proper time from any state of exertion is one of the most nice and difficult trials of human prudence and resolution. Every man of any classical education recollects the well known allusion to a horse, growing aged, who ought no longer to be pushed on to the race lest he should be left behind breathless and contemptible. But the misfortune is, that self love deceives us exceedingly in the estimation of our mental abilities, so that we cannot be easily persuaded that they are in any degree decayed."

Oliver Wendell Holmes many years before his own retirement keenly realized that an individual may not be aware that his mental powers are decaying. He speaks to his friend Fields:

"I was nothing but a roaring kangaroo when you took me in hand and I thought it was the right thing to stand up on my hind legs, but you combed me down and put me in proper shape. Now I want you to promise me one thing. We're all growing old, I'm near sixty myself, by and by the brain will begin to soften. Now you must tell me when the egg begins to look addled. People don't know of themselves."\*

It is well known that many people who retire become quite unhappy—indeed some of them may go into a real mental depression. There are some who become so bored with inactivity that they eventually return to their original life work. A splendid example of this may be found in Boswell's *LIFE OF JOHNSON*:

"He [Johnson] made the common remark on the unhappiness which men who have led busy lives experience, when they retire in expectation of enjoying themselves at ease, and that they generally languish for want of habitual occupation, and wish to return to it. He mentioned as strong an instance of this as can well be imagined. 'An eminent tallow-chandler in London, who had acquired a considerable fortune, gave up the trade in favour of his foreman,

and went to live at a country-house near town. He soon grew weary, and paid frequent visits to his old shop, where he desired they might let him know their *melting days*, and he would come and assist them; which he accordingly did. Here Sir, was a man to whom the most disgusting circumstances in the business to which he had been used was a relief from idleness.'"

It is claimed by some that retirement often shortens men's lives. This is, of course, hard to prove or disprove. A number of years ago our old family doctor, a wise and deservedly successful practitioner, told me that he had observed throughout the years that when farmers retired and moved to a small village—which so many of them do—they did not live long. Whether this could be proved statistically I do not know, but it is an interesting observation.

Certainly it is recognized that retirement may cause considerable psychic trauma. This should be avoided, which probably is easier said than done; but a sincere attempt should be made by individuals who have just retired to find ways of passing the time in order that their boredom will not be overwhelming. Recently an able college president, when we were discussing this subject, made the statement that when a man retires he should adopt the attitude that everything he does is of paramount importance, even to the extent of affixing a postage stamp to an envelope. This may seem far-fetched, but the philosophy is sound.

The same thought is happily expressed by Charles S. Brooks in his *A WESTERN WIND*\*. He writes:

"Our own formula for idleness was as simple as a doctor's sugar pill. At home we can get along somehow for a month without the necessity of entering a shop, and on these far-spaced excursions to the noisy streets we provide ourselves with a complete memorandum in order that no item be forgotten. But on holidays in a strange city we practice a deliberate carelessness in order that there may be something left to buy each morning. To exhaust our requirements in a single errand would be as absurd as to overload ourselves at breakfast and by this monstrous gluttony deprive ourselves of the satisfaction of eating lunch. For these

\*M. A. DeWolfe Howe, *Memories of a Hostess*, Boston, 1922.

\*Harcourt, Brace and Co., New York, 1935.

purchases are really a part of our entertainment. Thus, if Monday demands a tube of toothpaste, Tuesday needs cream for shaving and Wednesday suggests a basket of fruit for the table of our bedroom. A little foresight would have collapsed these several errands into a single parcel but it would have cut us off from continuing amusement."

In summary, it may in all fairness be said that it behooves every individual to think of that time when he must hand over his duties to a younger generation. Plans for retirement must be made well in

advance. An individual should not work mightily up to the age of retirement and then suddenly withdraw from everything. The central nervous system of man is not designed for such treatment; the patterns of behavior have been developed over a period of many long years. New patterns should have been woven into life during middle age, so that when the day comes that retirement is inevitable, the individual may face it, if not with cheerfulness, with serenity.

## *Internship Class of June 1949*

| <i>Name</i>             | <i>Service</i>                        | <i>Hospital</i>  |
|-------------------------|---------------------------------------|--|
| Alexander, John T.      | Medical                               | Roosevelt, New York  |
| Allen, James N.         | Medical                               | Peter Bent Brigham, Boston   |
| Barnes, Waddell         | Medical                               | Grady Memorial, Atlanta  |
| Bendeck, Taufick E.     | Surgery                               | University Hospitals, Cleveland  |
| Bennett, Doris R.       | Rotating                              | Faulkner, Boston   |
| Bigelow, Bradley        | Medical                               | Barnes, St. Louis  |
| Birchard, William H.    | Medical                               | Boston City, Boston  |
| Blanch, Euan T.         | Surgical                              | Presbyterian, Chicago  |
| Blauer, Aaron           | Rotating                              | Emanuel, Portland, Ore.  |
| Boblitt, Delbert E.     | Rotating                              | University Hospitals, Ann Arbor  |
| Bowen, Edward H. Jr.    | Medical                               | Long Island College, Brooklyn  |
| Brackett, Ralph D.      | Rotating                              | Mary Hitchcock Mem'l, Hanover, N. H.                                     |
| Brifman, Theodore       | Rotating                              | Indiana Univ. Med. Ctr., Indianapolis                                    |
| Brown, Paul M.          | Surgery                               | New York Hospital, New York  |
| Browning, Louis D., Jr. | Surgery                               | Peter Bent Brigham, Boston   |
| Bruner, John M. R.      | Rotating                              | Pennsylvania Hosp., Philadelphia   |
| Caires, Martha J. K.    | Medical                               | Mount Auburn, Cambridge, Mass.   |
| Campbell, Guy D.        | Rotating                              | Charity, New Orleans   |
| Chadwick, Donald R.     | Rotating                              | Lankenau, Philadelphia   |
| Cheatham, James S.      | Rotating                              | Eastern Maine Gen. & New England Medical Center, Bangor, Me., and Boston |
| Clark, Sam L., Jr.      | Medical                               | Mass. General, Boston  |
| Collings, Harold, Jr.   | Rotating                              | Walter Reed, Washington, D. C.   |
| Collins, Raymond P.     | Medical                               | Stanford University, San Francisco                                       |
| Copeland, George D.     | Rotating                              | Lenox Hill, New York   |
| Corvese, William P.     | Rotating                              | Rhode Island, Providence   |
| Crook, Douglas V.       | Rotating                              | Minneapolis General, Minneapolis   |
| Daum, Stanley W.        | Medical                               | Boston City, Boston  |
| Dean, Henry L.          | Rotating                              | Jackson Mem'l, Miami   |
| Dotson, J. C.           | Rotating                              | Rhode Island, Providence   |
| Downey, William S., Jr. | Pediatrics                            | Univ. of Chicago Clinics   |
| Easterday, Charles L.   | Surgical                              | Boston City, Boston  |
| Eicholz, John L., Jr.   | Rotating                              | Cleveland Marine, Cleveland  |
| Eurman, Gerald H.       | Medical                               | Beth Israel, Boston  |
| Fallows, James A.       | Rotating                              | Philadelphia General, Phila.   |
| Ferber, Jerome          | Medical                               | Albany Hospital, Albany  |
| Fernandez-Herlihy, Luis | Surgical                              | Boston City, Boston  |
| Finbury, Charles M.     | Surgical                              | Kings County, Brooklyn   |
| Finney, Claude J.       | Medical                               | Johns Hopkins, Baltimore   |
| Flanders, Robert, Jr.   | Mixed Medical                         | St. Luke's, New York   |
| Fox, Marsden E.         | Fellowship-Pathology and Bacteriology | Strong Mem'l, Rochester  |



|                            |               |  |
|----------------------------|---------------|--|
| Frische, Louis H., Jr.     | Rotating      | Emanuel, Portland, Ore.                  |
| Fry, Donald L.             | Medical       | University Hospitals, Minneapolis        |
| Gabriel, James B.          | Rotating      | Wesley Mem'l, Chicago                    |
| Gallup, Shirley M.         | Rotating      | Springfield Hosp., Springfield, Mass.    |
| Ganong, William F.         | Medical       | Peter Bent Brigham, Boston               |
| Giles, Robert B., Jr.      | Medical       | Mass. Mem'l, Boston                      |
| Gordon, Marcia L.          | Rotating      | University of Ill., Chicago              |
| Gordon, Robert S., Jr.     | Medical       | Presbyterian, New York                   |
| Grey, David                | Surgical      | Strong Mem'l, Rochester                  |
| Griggs, Robert C.          | Medical       | University Hospitals, Cleveland          |
| Gross, Gilbert L.          | Rotating      | Jewish, St. Louis, Mo.                   |
| Gundersen, Adolf L.        | Surgical      | Mass. General, Boston                    |
| Hall, Thomas C.            | Medical       | Peter Bent Brigham, Boston               |
| Harris, Aubrey R.          | Medical       | Boston City, Boston                      |
| Hartman, Sherman W.        | Surgical      | University Hospitals, Minneapolis        |
| Harvey, Henry S.           | Rotating      | Mary Imogene Bassett, Cooperstown, N. Y. |
| Hawkins, Joseph A.         | Rotating      | Los Angeles County Gen.                  |
| Haynes, John S.            | Mixed         | Boston Marine, Brighton, Mass.           |
| Hendler, Albert F.         | Medical       | Boston City, Boston                      |
| Herrod, Chester E.         | Surgical      | Stanford University, San Francisco       |
| Hickler, Roger B.          | Medical       | Peter Bent Brigham, Boston               |
| Holmstrom, Fritz M.        | Rotating      | Delaware, Wilmington                     |
| Horwitz, Melvin            | Surgical      | Grace-New Haven Community, New Haven     |
| Hubbard, Edwin M.          | Rotating      | University Hospitals, Baltimore          |
| Hume, Walter I., Jr.       | Surgical      | Peter Bent Brigham, Boston               |
| Jacobs, Ralph W.           | Rotating      | York, York, Pa.                          |
| Jampol, Jesse H.           | Medical       | Beth Israel, Boston                      |
| Jandl, James H.            | Medical       | Boston City, Boston                      |
| Johnson, Louis F., Jr.     | Surgical      | Boston City, Boston                      |
| Juergens, John L.          | Rotating      | Minneapolis General, Minneapolis         |
| Katz, Jacob                | Rotating      | Mount Sinai, New York                    |
| Kavanaugh, Charles N., Jr. | Medical       | University Hospitals, Cleveland          |
| Keller, John W.            | Rotating      | Hartford Hosp., Hartford, Conn.          |
| Kennedy, John H.           | Surgical      | Mass. General, Boston                    |
| Kirk, Marjorie J.          | Rotating      | Philadelphia General, Phila.             |
| Larkin, James C., Jr.      | Surgical      | Carney, South Boston                     |
| Leonard, Edward J.         | Medical       | Presbyterian, New York                   |
| Levy, Maurice N., Jr.      | Surgical      | Boston City, Boston                      |
| Locksley, Herbert B.       | Surgical      | Mass. General, Boston                    |
| Lohr, Thomas O.            | Rotating      | Henry Ford, Detroit                      |
| Lyons, Robert D.           | Rotating      | Charity, New Orleans                     |
| Malkinson, Frederick D.    | Medical       | Beth Israel, Boston                      |
| Marcial, Victor A.         | Rotating      | Bayamon District, Bayamon, P. R.         |
| Marshall, Clare K.         | Medical       | Peter Bent Brigham, Boston               |
| Martin, Lester W.          | Surgical      | New York Hosp., New York                 |
| Matthews, Leroy W.         | Pediatrics    | University Hospitals, Cleveland          |
| McCurdy, Paul R.           | Rotating      | Hartford Hosp., Hartford, Conn.          |
| Merten, Charles W.         | Medical       | Bellevue, New York                       |
| Morrissey, John F.         | Mixed Medical | Research Educational Hosp., Chicago      |
| Needy, Carl K.             | Medical       | Bellevue, New York                       |
| Niebel, James D.           | Rotating      | San Francisco                            |
| Oken, Donald               | Medical       | Boston City, Boston                      |
| Oliver, Thomas K., Jr.     | Medical       | New York Hosp., New York                 |
| Owen, William R.           | Medical       | Mass. General, Boston                    |
| Page, Lot B.               | Medical       | Mass. General, Boston                    |
| Parker, Thomas G.          | Surgical      | Mass. Mem'l, Boston                      |
| Peacock, Erle E., Jr.      | Surgical      | Roosevelt, New York                      |
| Peirce, Frederick A., Jr.  | Rotating      | Rhode Island, Providence                 |
| Perry, Richard L.          | Medical       | Roosevelt, New York                      |
| Petit, Alan W.             | Surgical      | Roosevelt, New York                      |
| Pitts, John D.             | Surgical      | Mass. General, Boston                    |



|                           |          |                                     |
|---------------------------|----------|-------------------------------------|
| Puite, Robert H.          | Surgical | Henry Ford, Detroit                 |
| Rawls, Thompson T.        | Medical  | Strong Mem'l, Rochester, N. Y.      |
| Reardon, John B.          | Medical  | Peter Bent Brigham, Boston          |
| Reynolds, John            | Medical  | Boston City, Boston                 |
| Riley, Francis J.         | Rotating | Walter Reed, Washington, D. C.      |
| Robbins, Peter G.         | Surgical | Peter Bent Brigham, Boston          |
| Robinson, Leonard J.      | Mixed    | Mount Sinai, New York               |
| Roed, Robert C.           | Rotating | Henry Ford, Detroit                 |
| Rutledge, Robb H.         | Surgical | Mass. General, Boston               |
| Sanchez, Guillermo C.     | Medical  | Mass. General, Boston               |
| Smith, William O.         | Rotating | Univ. of Chicago Clinics, Chicago   |
| Soule, Rublee C.          | Rotating | University Hospitals, Iowa City     |
| Sprout, William L.        | Rotating | Philadelphia General, Phila.        |
| Starrels, Raymond J.      | Rotating | Philadelphia General, Phila.        |
| States, John D.           | Rotating | Rochester General, Rochester, N. Y. |
| Stelter, Grant D.         | Rotating | Presbyterian, Chicago               |
| Stokes, Joseph, 3d        | Medical  | Johns Hopkins, Baltimore            |
| Stone, Edith L.           | Medical  | Boston City, Boston                 |
| Swanson, August G.        | Rotating | King County Hosp. System, Seattle   |
| Tarpley, Harold I., Jr.   | Surgical | Mass. Mem'l, Boston                 |
| Taylor, Edith S.          | Medical  | Genesee, Rochester, N. Y.           |
| Taylor, Jo Ann T.         | Rotating | Los Angeles County, Los Angeles     |
| Thurm, Richard H.         | Rotating | Mount Sinai, New York               |
| Tomkins, Gordon M.        | Medical  | Peter Bent Brigham, Boston          |
| Tosteson, Daniel C.       | Medical  | Presbyterian, New York              |
| Tyler, John M.            | Medical  | Boston City, Boston                 |
| Vignerone, Eugene M., Jr. | Surgical | Boston City, Boston                 |
| Walton, R. Lee            | Rotating | Rhode Island, Providence            |
| Weil, Warren B.           | Rotating | Cumberland, Brooklyn                |
| Wells, Charles H.         | Rotating | Swedish, Minneapolis                |
| Wilson, Frank             | Surgical | Union Mem'l, Baltimore              |
| Winn, William E., Jr.     | Rotating | Philadelphia General, Phila.        |
| Wojcik, Ladislav, D.      | Medical  | Peter Bent Brigham, Boston          |
| Wolfe, Stanley J.         | Mixed    | Kings County, Brooklyn              |
| Wolfe, W. Brewster        | Rotating | St. Mary's Group, St. Louis         |
| Wonka, Warren J.          | Rotating | Charity, New Orleans                |
| Wood, J. Edwin, 3d        | Medical  | Mass. Mem'l, Boston                 |
| Wright, Roger H.          | Medical  | Mass. Mem'l, Boston                 |

## Reunions

1899

A Fiftieth reunion will be held at the Harvard Club of Boston, Thursday, May 26.

1904

A Forty-fifth reunion will be held at the Harvard Club of Boston, Thursday, May 26.

1909

A Fortieth reunion will be held at the Harvard Club of Boston, Wednesday, June 15.

1914

A Thirty-fifth reunion will be held at the Harvard Club of Boston, Friday, June 2.

1919

A Thirtieth reunion will be held Saturday, June 4. Luncheon at the Tavern Club, Dinner at the Country Club.

1924

A Twenty-fifth reunion will be held Friday and Saturday, June 3 and 4.

1929

A Twentieth reunion will be held at the Harvard Club of Boston, Friday, June 3.

1934

A Fifteenth reunion will be held at the Harvard Club of Boston, Thursday, May 26. (An error was made in the date published in the January BULLETIN. May 26 is the correct date).

1939

A Tenth reunion will be held at the Harvard Club of Boston, Saturday, June 11.

1944

A Fifth reunion will be held at the Harvard Club of Boston, Saturday, May 21.

Details of the programs and reply postal cards will be sent to all classes within the next month.

# The Stethoscope



ALAN R. MORITZ

Western Reserve University has succeeded in persuading Dr. Alan Moritz to become Professor of Pathology there. He has resigned from his chair as our first Frances Glessner Lee Professor of Legal Medicine and plans to resume his career in Cleveland next fall. During the ten years that he has taught medical students in Boston—for he has belonged to the students of Boston University and Tufts as well as to our own—he has built up an impressive department, has accomplished significant research and has made a host of friends. At a recent Faculty Meeting after he had described something of the development of his work at Harvard he received a spontaneous burst of applause; this was the first time in the history of the School that the remarks of any member of

the faculty received so pleasant a reception in such austere surroundings.—Spring is coming. The first soft-ball trainees appeared on the grass in the quadrangle the other morning, missing easy flies and disporting themselves in the noon sunlight like a group of frisky colts instead of like the solemn young men of learning which in general they seem to be.—A curious book appeared in the Library recently: a copy of Dr. Harrington's treatise on hygiene duly marked with a Harvard Medical School book-plate. With it came a note from William J. Kerr, H.M.S. 1915, saying that the book had inadvertently been residing in his library for the past thirty-four years. He enclosed a cheque for ten dollars as an expression of hope that this might help to compensate for the inconvenience which the absence of the volume might have entailed.—Sir William Osler once remarked that books often display peculiar habits of migration. Any Harvard Medical School books that have wandered far afield will always find a warm welcome—whether chequed or unchequed—when they decide to return home.—Another significant gift dropped in a few days ago. Out of a clear sky a devoted alumnus presented the School with a hundred dollars for unrestricted use saying that if every graduate were to send the School such a sum the resultant money might prove of substantial help in these times when financial aid to medical education is so urgently needed. Perhaps this represents the beginning of a happy precedent by which students of one generation will make periodic gifts to permit the School to help in providing education to students of the next generation.—Don Wayne Fawcett, H.M.S. 1942, has been appointed a Markle Scholar by the John and Mary R. Markle Foundation of New York. He is one of thirteen chosen for this honor from a group of candidates nominated by medical schools over the entire country.—The next event to look forward to is the Annual Meeting of the Alumni Association at Atlantic City. Plan on coming and on making it the largest and most interesting meeting that has ever been held.

## HARVARD MEDICAL ALUMNI ASSOCIATION

*Founded in 1891*

## ASSOCIATION OFFICERS

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| J. DELLINGER BARNEY, <i>Vice President</i> | MYLES P. BAKER, <i>Treasurer</i>     |

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Harvard Medical School, Boston 15, Mass.

## Annual Meeting and Dinner

I would like to call the attention of all the Harvard Medical Alumni Association to the Annual Meeting and Dinner to be held in conjunction with the American Medical Association meeting this *June in Atlantic City*. The dinner will be held on Wednesday, June 8, at the Ambassador Hotel. Tickets for this will be on sale at the convention headquarters.

This year your Committee felt that the meeting should be a social evening, starting with refreshments before the dinner, an excellent dinner, and one speaker whose talk would be short. We believe the importance of this meeting is to renew acquaintances and friendships with your classmates and to give you an opportunity to bring each other up to date.

The speaker for the evening will be General Paul R. Hawley, Chief Executive Officer, Blue Cross-Blue Shield Commissions, and former Medical Director of the Veterans Administration, who will speak to you on the National Health Problem.

I urge all of you who are at the American Medical Association meeting in Atlantic City to make definite plans now to attend the Harvard Medical Alumni Dinner on the evening of June 8. The Committee assures you of a relaxing, informative and entertaining evening.

GILSON C. ENGEL, '26, *Chairman*





